FIRST COAST SERVICE OPTIONS
MAC - PART A/B
CODING GUIDELINES

LCD Database ID Number

L34017

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09101 - Florida
09201 – Puerto Rico/Virgin Islands
09102 - Florida
09202 – Puerto Rico
09302 – Virgin Islands

LCD Title

Ophthalmoscopy

Coding Guidelines

The usual payment adjustment for bilateral procedures does not apply to codes 92225 and 92226. Do not report these codes with modifier –50. When medical necessity supports providing this service on both eyes, report codes on separate lines and append the appropriate modifier to designate left (LT) or right (RT) eye. This will prevent system errors for duplicate billing and each code will be allowed full reimbursement.

CPT code 92225 is to be reported for the initial extended ophthalmoscopy evaluation and should not be reported for the subsequent follow-up visits of the patient. CPT code 92226 should be billed for subsequent extended ophthalmoscopy evaluations.

Reimbursement for an ophthalmoscopy; initial (CPT Code 92225) and an ophthalmoscopy; subsequent (CPT Code 92226) will not be made on the same day for the same eye by the same provider. If an initial ophthalmoscopy (CPT code 92225) and a subsequent ophthalmoscopy (CPT code 92226) are performed on different eyes, modifier RT and LT should be reported to indicate that the services were performed on different eyes.

Codes 92225 and 92226 are unilateral codes and must be submitted with a site modifier (LT, RT, or 50). Only one of these modifiers may be billed on a claim line. Bilateral services must be billed with a 50 modifier, rather than RT and LT on the same line.

Ophthalmoscopy is classified as a professional service. Therefore, the use of modifiers for professional or technical components (26, TC) is not appropriate for these codes.

Code 92225 is payable with 92002, 92004, 92012 and 92014. Code 92226 is payable with 92012 and 92014.

Routine ophthalmoscopy is part of an ophthalmologic service and is not reported separately.

Comments

N/A

Revision History

Date	Revision
10/01/2015	This "Coding Guideline" replaces all previous "Coding Guidelines" to comply with ICD-10-CM based on Change Request 8112. The effective date of this "Coding Guideline" is based on date of service.

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